HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: SPA #10-005	2. STATE Delaware
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE December 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One):		
	ONSIDERED AS NEW PLAN	XXX AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		ach amendment)
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR Part 455	7. FEDERAL BUDGET IMPACT:  a. FFY 2010 \$ -0-  b. FFY 2011 \$ -0-	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
NEW PAGES: General Program Administration 4.5, Medicaid Audit Contractor Program, Pages 36a and 36b	N/A	
10. SUBJECT OF AMENDMENT: Medicaid Recovery Audit Contra  11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	XXX OTHER, AS SPE	CIFIED:
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL: //Rosanne Mahaney – signature//	16. RETURN TO:  Rosanne Mahaney Director Division of Medicaid and Medical Assistance P.O. Box 906 New Castle, Delaware 19720-0906	
13. TYPED NAME: Rosanne Mahaney, Director, Division of Medicaid and Medical Assistance		
14. TITLE: Designee for Rita M. Landgraf, Secretary, Delaware Health and Social Services		
15. DATE SUBMITTED: December 8, 2010		
FOR REGIONAL O		
17. DATE RECEIVED:	18. DATE APPROVED: MAR	4 2011
PLAN APPROVED – ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL	OFFICIAL:
21. TYPED NAME:	22. TITLE: PROJECT	Anninictoria